

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	USE OF BACLOFEN IN THE TREATMENT OF ALCOHOL WITHDRAWAL SYNDROME AND TO PROMOTE ALCOHOL ABSTINENCE IN ALCOHOLICS
Attorney Docket Number::	2503-1008
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: GIAN
Middle Name:: LUIGI
Family Name:: GESSA
City of Residence:: CAGLIARI
State or Province of Residence::
Country of Residence:: ITALY
Street of Mailing Address:: VIA PALABANDA, 9

City of Mailing Address:: CAGLIARI
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-09125

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: GIANCARLO
Middle Name::
Family Name:: COLOMBO
City of Residence:: CAGLIARI
State or Province of Residence::
Country of Residence:: ITALY
Street of Mailing Address:: VIA PORCELL 4

City of Mailing Address:: CAGLIARI
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-09124

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: ITALY
 Status:: Full Capacity
 Given Name:: GIOVANNI
 Middle Name::
 Family Name:: ADDOLORATO
 City of Residence:: ROMA
 State or Province of Residence::
 Country of Residence:: ITALY
 Street of Mailing Address:: LARGO A. GEMELLI, 8

 City of Mailing Address:: ROMA
 State or Province of Mailing Address::
 Country of Mailing Address:: ITALY
 Postal or Zip Code of Mailing Address:: I-00168

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
----------------------------------	--------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP00/09750	10/5/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI99A002107	10/8/99	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::